

well



Making sense
of mammogram
recommendations
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All the screenings you
need in one easy chart
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LEADING. TEACHING. CARING. | WINTER 2016



Ladies First

This women-focused issue will
give you the keys to health through
every stage of life

**HESITANT TO
WEIGHT TRAIN?**
OUR EXPERT SHARES
HOW TO DO IT RIGHT

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PERSPECTIVES

'Me Time' Is Not a Luxury

LADIES, THIS ISSUE IS ALL ABOUT YOU! Many women spend so much time taking care of others that they don't always take care of themselves. This issue of *Well* is a reminder that the best thing you can do for those you care about is to make sure you are healthy.

Through every stage of life, our lifestyles and health priorities change, as well as the risk factors for certain illnesses. Taking an active role in your health care while you are healthy is very important. Make sure you are getting the age-appropriate screenings you need and work with your primary care doctor for all the necessary preventive care to reduce your risk factors for disease.

In this issue, we dispel some myths about heart disease and weight training for women, as well as which cancers typically affect women more often than men. We also provide readers with a number of resources available at UNC Health Care, including the Women's Health Information Center, the Comprehensive Cancer Support Program, and fitness and wellness opportunities.

We are planning an upcoming men's health issue of *Well*. Don't miss this opportunity to learn more about health concerns that primarily affect men and what can be done to minimize the risks.

Let us know what you would like to read in future issues by sending an e-mail to Jennifer Breedlove at publications@unch.unc.edu. We love hearing from you!

Enjoy this issue of *Well*.

Kind regards,
Well editorial team
UNC Health Care

Keep the Comments Coming!



Let us know what you think of *Well* magazine.
Send your comments or questions to Jennifer Breedlove
at publications@unch.unc.edu.

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Information in *Well* comes from a wide range of medical experts and is not intended to treat or diagnose any individual situation. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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The Women's Health Information Center

The Women's Health Information Center (WHIC) is an important resource for women seeking information on a variety of health topics. In addition, the WHIC organizes community seminars and classes that provide an easy and fun way for women to get the latest information.

Many classes are on topics related to pregnancy, child-birth and early parenthood. Past offerings have included Mentoring Other Mothers, Prenatal Yoga, Breastfeeding, and Sign Language for Budding Babies. The WHIC also coordinates walking tours of UNC Labor and Delivery and the Maternity Care Center. A virtual tour is available at www.nchealthywoman.org.

Women who are interested in having the extra emotional and physical support of a doula can access the Birth Partners UNC Volunteer Doula Program, which connects pregnant women with professionally trained doulas to assist them during their birth experience.

Beyond pregnancy and birth, the WHIC is home to a resource library that offers reference and consumer health books and videos on a wide range of health topics. For online support, women can turn to the WHIC website, which features a "Topic of the Month" and links to information compiled by librarians from the UNC Health Sciences Library.



PHOTO BY BRIAN STRICKLAND

Visit the Center

The Women's Health Information Center at UNC Health Care is on the ground floor of N.C. Women's Hospital and is open weekdays from 9 a.m. to 5 p.m. To learn more about the services and classes offered, visit www.nchealthywoman.org.

Caring for the Specific Needs of Women

UNC Women's Care provides a full range of health care services specifically for women throughout their lives, from general wellness checks and preventive screenings to specialty care.

- N.C. Women's Hospital is recognized as one of the country's "100 Hospitals With Great Women's Health Programs" by *Becker's Hospital Review*.

- N.C. Women's Hospital is the only hospital in the Triangle that offers 24/7 in-house midwifery for women interested in having a midwife attend their baby's birth.

- N.C. Women's Hospital has been recognized by the Baby-Friendly Hospital Initiative for strong commitment to supporting breastfeeding and mother-baby bonding.

- UNC Health Care offers the nation's first and only free-standing unit for inpatient care for postpartum depression and other perinatal mood disorders.

For more information about UNC Women's Care, visit www.uncmedicalcenter.org and scroll down to "Women's Care."

MAMMOGRAMS: NEW RECOMMENDATIONS, BUT STILL NO CONSENSUS



PHOTO BY THINKSTOCK

You may have heard in the news last fall that mammogram guidelines from the American Cancer Society have changed. That's true, but it's just part of the story. A number of organizations issue guidelines on mammograms, and unfortunately, they make differing recommendations.

The American Cancer Society—which previously recommended women with an average risk of breast cancer have mammograms every year starting at age 40—now advises women to start mammograms at age 45. It advocates yearly mammograms from 45 to 54, then every other year starting at age 55 for as long as a woman is healthy and likely to live another 10 years. By contrast, the U.S. Preventive Services Task Force recommends screening mammograms every two years for women ages 50 to 74 years.

Among all the confusion, what hasn't changed? The best way to determine your individual mammogram schedule. It starts with a visit to your primary care physician, who will help you make the decision based on your individual health history and risk factors.



Why Women Should Start Weight Training

Kathy DeBlasio, lifestyle enhancement director at UNC Wellness Center, discusses the importance of weight training for women. She also dispels some of the many misconceptions that keep women from trying strength training: “It will make me bulky,” “I don’t want to look like a bodybuilder” or “Cardio is more important.”

On average, adults after age 30 lose 0.05 to 1 percent of their muscle mass with each year that passes. For many, balance declines, making it harder to do everyday tasks. As a result, metabolism takes a nosedive. Add to that the risk factor of osteoporosis for women (80 percent of people with osteoporosis are female), and you have a recipe for disastrous physical decline.

The good news: Regular strength training can slow these changes.

According to the American College of Sports Medicine, muscle training for strength and endurance can help maintain muscle and bone mass, improve glucose tolerance, lower the risk of injury and aid weight loss by increasing metabolic rate. The National Osteoporosis Foundation

recommends two or three days per week of strength or resistance training to maintain strength to prevent falls.

Women generally do not have enough testosterone to build big, bulky muscles, so it’s a myth that lifting weights makes women look like bodybuilders. Female bodybuilders train with very heavy weights and multiple sets for each muscle

Start Getting Fit Today



For more information about strength training, fitness, massage and overall wellness, visit the UNC Wellness Centers in Meadowmont and Northwest Cary or send questions to wellness@unch.unc.edu.

group to build mass. Strength training for overall fitness will not produce monstrous muscles.

Cardiovascular exercise is fantastic for conditioning your heart and lungs, lowering the risk of cardiovascular disease, decreasing blood pressure and improving cholesterol levels. Walking and running will help maintain bone density but will not increase muscle mass. Only strength training can accomplish that.

Now, let’s throw metabolism into the equation. Metabolism increases with any exercise, but the increased metabolic effect lasts longer after strength training than after a cardio workout. Couple that with the fact that muscle tissue requires more calories to maintain than any other tissue of the body, and you have increased your metabolism again—even at rest! If your body requires more calories, it is much easier to manage your weight.

To get started with a strength-training program, get clearance from your physician, and then consult a fitness professional. Typically, the initial focus will be on building a strong core: abdominals, lower back and hips. Over time, you can develop a balanced strength-training program using the equipment in your Wellness Center or home gym. Or you may need no equipment at all: Your own body weight can be used for resistance in exercises like squats, push-ups or pull-ups. Workouts can be designed to incorporate strength training and cardio together into a high-intensity interval training program, so you can maximize your workout time and benefits. ■

By *Kathy DeBlasio, MA, FMEA, ATC, LAT, CPT*

Understanding Heart Disease in Women

You may be surprised to learn that heart disease kills more women than men each year. In fact, it is the leading cause of death for women in the United States and is implicated in more deaths than the next 10 causes combined.

A common misconception is that a heart attack is always accompanied by sudden, dramatic symptoms that leave little doubt about what is wrong. In reality, heart attacks often develop slowly, beginning with relatively mild discomfort or fatigue.

Making matters more complicated, women frequently experience different symptoms than men and are more likely to have heart attack symptoms unrelated to chest pain, such as:

- Shortness of breath
- Lightheadedness or dizziness
- Nausea or vomiting
- Unusual fatigue
- Back or jaw pain

Because of this, women often don't realize they are having a heart attack, and by the time they reach the emergency room, heart damage has already occurred. To minimize the damage

and long-term effects, it is especially important for women to be aware of changes in the way they feel and stay proactive in their own care.

The UNC Women's Heart Program's goal is to identify women of all ages who are at risk for heart disease, then educate and provide treatment, if necessary.

Located at the UNC Heart Center at Meadowmont, the program offers resources for women at risk for heart disease, including education, physician care, lipid counseling and on-site diagnostic testing. The clinic is only two blocks from the UNC Wellness Center, where patients can access certified cardiac rehabilitation services, nutrition consultation, and diet and exercise counseling.

Women may be referred to the UNC Women's Heart Program through a health care provider or self-referral, if they are concerned about heart disease risks or wish to learn more about improving their cardiovascular prognosis. ■

FAST: Signs of a Stroke Women are more likely to be affected by stroke than men, and their strokes are more likely to be fatal. Every four minutes, someone in the United States dies of stroke. Stroke is also the leading cause of preventable disability. Because getting medical help quickly can mean the difference between life and death, it is critical to recognize the sudden signs of stroke.

Stroke Is an Emergency



To find out more about stroke and its symptoms, please visit the American Heart Association's website at www.americanheart.org.

Face

Face drooping—Does one side of the face droop, or is it numb? Ask the person to smile. Is the person's smile uneven?



Arms

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?



Speech

Is speech slurred? Is the person unable to speak or difficult to understand? Ask the person to repeat a simple sentence like "The sky is blue." Is the sentence repeated correctly?

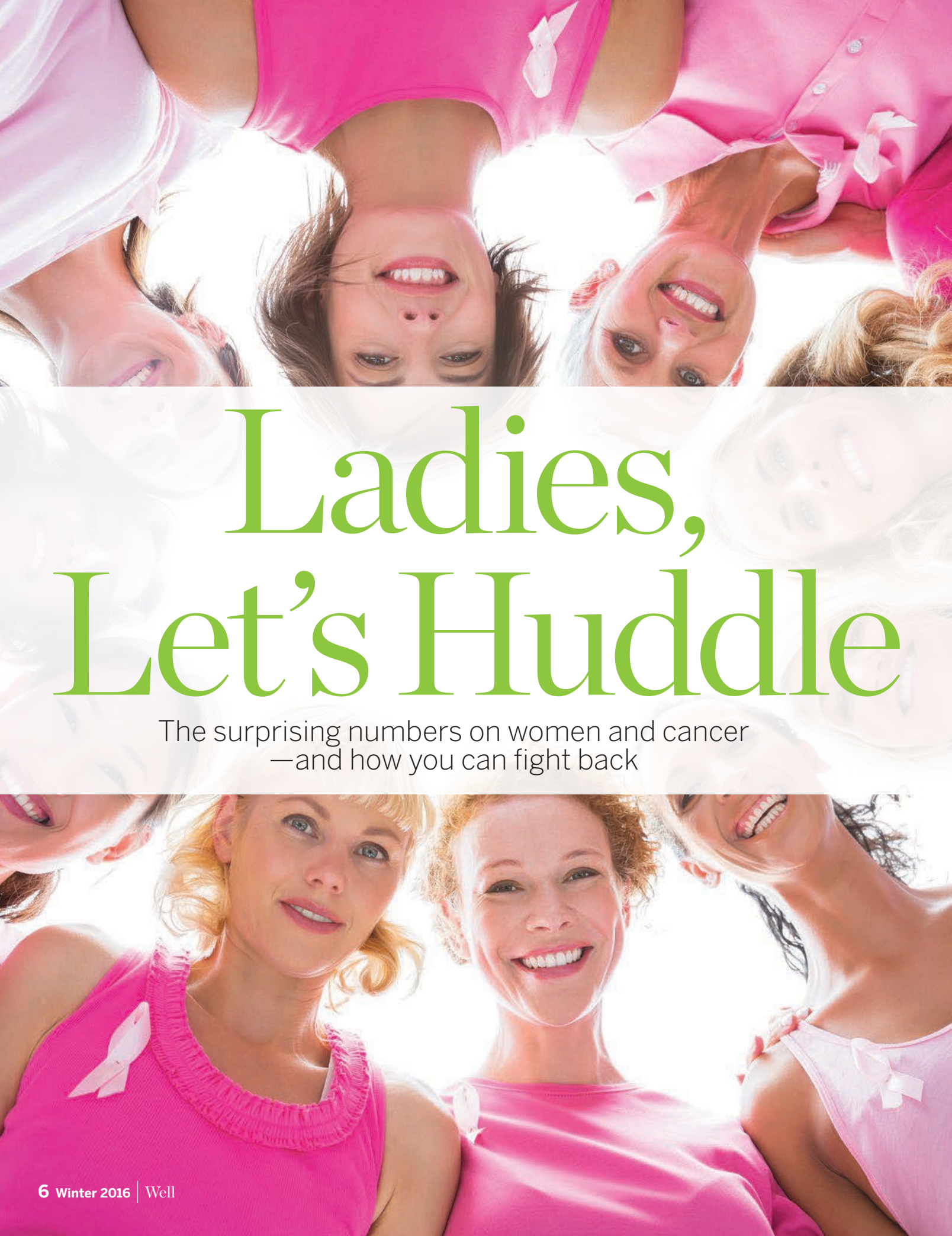


Time

If someone shows any of these symptoms, call 911, even if the symptoms go away. Check the time so you'll know when the first symptoms appeared.



Source: American Heart Association



Ladies, Let's Huddle

The surprising numbers on women and cancer
—and how you can fight back

According to the American Cancer Society, one woman in three will be diagnosed with cancer at some point in her lifetime, and one in five will die from it.

Among the cancers specific to women, breast cancer is still among the most common, affecting about one in eight. It is the second most commonly diagnosed form of cancer in women and is second only to lung cancer in cancer deaths among women.

Though there has been some recent controversy about whether regular mammography should begin at 40, 45 or 50, most physicians agree that early detection saves lives. Women concerned about their risk for breast cancer should speak with their doctor about the right screening options for them.

Early detection is important in treating any form of cancer. Cervical cancer used to be one of the leading causes of

One woman in three will be diagnosed with cancer at some point in her lifetime, and one in five will die from it.

—American Cancer Society

cancer death for women in the United States. During the past 40 years, the number of cases and deaths has decreased dramatically. This decline is largely the result of women getting regular Pap tests, which can find cervical precancer before it turns into cancer.

If detected early, cervical cancer can often be cured. Treatment options vary depending on the stage of the disease. For most stages of cervical cancer, treatment options include surgery, radiation, chemotherapy or a combination of methods.

Reducing Risk Factors

Cancer remains one of the most common causes of death among women in the United States, second only to heart disease. Here is how to reduce your risk:

- Don't smoke, and avoid secondhand smoke: Lung cancer is the most common cause of cancer death among women.
- Use sunscreen and avoid tanning beds: Nonmelanoma skin cancer is the most common form of cancer in women.
- Get recommended screenings for breast, cervical and colorectal cancer: Screenings can detect cancers early when they are easier to treat.
- Maintain a healthy weight and stay active: Making healthy lifestyle choices including eating a well-balanced diet and getting plenty of exercise has been shown to reduce the risk for several kinds of cancer. ■

Sources: American Cancer Society, Centers for Disease Control and Prevention



Support Through Recovery and Beyond

Because we know patients may experience effects even after treatment ends, we offer ongoing follow-up care and survivorship support from the nationally recognized Comprehensive Cancer Support Program. Patients can also access resources and support in person at the Patient and Family Resource Center within the N.C. Cancer Hospital.

UNC Shines in Cancer Care

UNC Health Care is home to one of the nation's leading Comprehensive Cancer Centers and a nationally recognized support program, which means cancer patients have access to a number of resources to help them all the way through treatment, recovery and survivorship.

UNC Health Care has received recognition from a number of organizations for its excellence in cancer care:

- One of the top 40 hospitals for cancer care by *U.S. News & World Report* in its 2014–15 listing of best hospitals
- One of only 41 National Cancer Institute-designated Comprehensive Cancer Centers
- A Blue Distinction Center for Complex and Rare Cancers, a Blue Cross Blue Shield designation awarded to hospitals that offer expert specialty care for these conditions
- Included in the 2014 edition of "100 Hospitals and Health Systems with Great Oncology Programs" by *Becker's Hospital Review* recognizing programs that lead the way in quality patient care, cancer outcomes and research
- Accredited by the Commission on Cancer of the American College of Surgeons
- A model of patient-centered, multidisciplinary care replicated at other cancer centers and oncology programs across the nation

Women's Health Today

BY STEPHANIE SOUCHERAY-GRELL

A WOMAN'S LIFE contains many phases with different medical needs. John Thorp, MD, a gynecologist and the director of UNC Women's Primary Healthcare, says the childbearing, perimenopausal and menopausal years each pose unique challenges and opportunities. Regular checkups with a doctor are vital to screen for disease, address symptoms and pain, and most importantly, learn how to adopt a healthy lifestyle. ¶ Preventive health care begins in childhood, when pediatricians vaccinate most patients against diseases. Most women find their first gynecologist or family physician in their 20s. At these visits, patients and care providers can begin to develop a relationship. Providers learn about the patient's personal and family medical history, while the patient receives routine screenings, preventive care and information about healthy lifestyle choices.

¶ Mark Gwynne, DO, director of UNC Family Medicine, underlines the importance of a primary care provider to serve as the coordinator of care. "Good preventive care happens in many different offices and types of practices. I recommend that patients have a primary care provider such as a pediatrician, a family physician or an internist to help coordinate all of their care needs. However, many OB-GYNs and cardiologists provide a significant amount of preventive care," he adds.

(continued on page 10)



John Thorp, MD

PHOTO BY PAUL BRALY.
TARHEEL IMAGES

PHOTO BY THINKSTOCK



Find Your Dr. Right

UNC Health Care can help you find a primary care physician. The online Find a Doctor tool lets you search for options specific to your family's needs, such as location. If you prefer a female doctor or one who speaks your native language, you can select those options, too. To search Find a Doctor, visit **findadoc.unchealthcare.org** or call UNC HealthLink at **(919) 966-7890**.



Building a Relationship

For a woman planning to start a family, a yearly visit is a good time for a preconception checkup. Such checkups are an educational opportunity for women planning to get pregnant. Doctors can provide guidance about how to stay healthy before and during pregnancy, screen for potential genetic issues and discuss potential concerns a woman might have.

UNC Health Care offers a wide range of care options for expectant mothers, with everything from a staff of experienced midwives to a maternal-fetal medicine division that specializes in high-risk pregnancies. In the rare instance that a delivery does not go as planned, the Newborn Critical Care Center is just a corridor away from the N.C. Women's Hospital.

As women age, it becomes increasingly important that they make time for routine visits and preventive care even if they feel healthy, says Wendy Brewster, MD, PhD, a gynecologic oncologist and director of the UNC Center for Women's Health Research. "It's so easy, when we're all busy, to say, 'I feel fine. I can skip a visit with my doctor this year.' But there's so much information about prevention and protection given at these visits. If you're not in a medical environment, it can be hard to get that message."



Wendy Brewster, MD, PhD

PHOTO BY PAUL BRALY, TARHEEL IMAGES



Mark Gwynne, DO

PHOTO BY PAUL BRALY, TARHEEL IMAGES



PHOTO BY AMANDA DITZEL OF RALEIGH BIRTH PHOTOGRAPHY

A Family-Centered Cesarean

After delivering three children by cesarean section, Tabitha Dawes felt she had missed out on the intimate experience of childbirth. Last summer, when approaching her fourth C-section, she researched ways to make the operating room feel more like a delivery room. Together with her midwife and an obstetrician from the UNC Division of Maternal-Fetal Medicine, as well as nursing and anesthesiology staff, Tabitha arrived at a solution: UNC Hospitals' first family-centered cesarean. The lights were low, music played and, at the time of delivery, the traditional blue drape was replaced with a clear one, allowing Tabitha to witness more personally the birth of her daughter Bailey. N.C. Women's Hospital will have the clear drapes in stock for women interested in using one during a cesarean delivery, and women can address the possibility with their providers ahead of time.

PHOTO BY THINKSTOCK

Dr. Gwynne says preventive care can save patients time and money since regular screenings for cancer, depression, substance use and abuse, and chronic health conditions can prevent high medical expenses later in life.

Regular Checkups and Lifestyle Choices

Though screening tests and vaccines can save lives, Dr. Thorp emphasizes that the most pressing need in women's health care is a frank discussion about lifestyle choices. An established relationship of mutual trust between a patient and her care provider can keep dialogue open and honest.

"What we choose to eat and how we choose to exercise, what we do with various substances, these are the conversations we should be having," says Dr. Thorp. "A lot of us weigh more than we should, and a lot of us, despite knowledge and talk about nutrition, are unhealthy."

Habits that a woman establishes early in her adult life have significant consequences down the road. An unhealthy weight and sedentary lifestyle in one's 20s and 30s can lead to serious complications, such as heart disease—the No. 1 killer of women in the United States, according to the National Heart, Lung, and Blood Institute. Poor eating habits open the door to diabetes, which affects almost 10 million women in the United States and can lead to other health problems.

To stay on top of health concerns, Drs. Thorp and Brewster recommend women see their gynecologist or family physician regularly, annually if things are going well and more frequently if they are experiencing troubling symptoms.

Emphasizing the importance of an annual checkup has become more difficult in recent years, now that the conversation around women's health visits has changed. This is due in large part to the fact that Pap smears, once performed annually, are now recommended every three to five years after a woman turns 30.

"The annual Pap smear was what we built our practice models around, but it's no longer needed," says Dr. Thorp. The Pap smear, which collects cells from the cervix to check for cervical cancer, and the accompanying pelvic exam were often the medical event that initiated a woman's visit to her doctor.

"Now we have the ability to test for and vaccinate against the human papillomavirus [HPV, the virus that causes cervical cancer], and that phenomenon is making the annual Pap smear unnecessary," says Dr. Thorp. "Many women only need a Pap smear every five years. But they still need to see their doctor annually."

On the other hand, not having to organize an office visit around this test creates more time to discuss other routine preventive care. "The upside to needing fewer Pap smears is that we can address other things in our yearly visit," says Dr. Thorp. "People clearly need their blood pressure checked, a clinical breast exam and pelvic exam if there are

problems." He adds that if a patient is not in a mutually monogamous relationship, she should be tested for sexually transmitted infections.

As women enter their late 30s and what Dr. Thorp calls the "noisy period of perimenopause," the benefit of an annual visit only increases.

"So many women experience menstrual abnormalities, premenstrual mood changes, fibroids and polyps at this time," says Dr. Thorp. "We start to see a lot of minor problems that begin nagging the patient." (*continued on page 12*)

The Importance of Primary Care

Mattie Murphy, 71, from Fayetteville, had always taken care of her health, especially after she received a kidney transplant at UNC Hospitals in 1997. So, when she began experiencing pain and burning on her vulva two years ago, she went to her Fayetteville gynecologist.

"They gave me some cream and told me to come back if it still hurt," says Mattie. The cream made the burning worse, and after 18 months of trying several different treatments, Mattie asked Carrie Frueauf, her transplant coordinator at UNC Health Care, for advice.

"Carrie treats me like a sister," says Mattie. "I always call her when I have a problem."

Frueauf connected Mattie with John Thorp, MD, a gynecologist and the director of UNC Women's Primary Healthcare, who performed a biopsy that showed precancerous lesions on her vulva.

"He called me with results in two days and even gave me his personal cellphone number," says Mattie. "I never have had such a helpful doctor."

Dr. Thorp referred Mattie to Wendy Brewster, MD, PhD, a gynecologic oncologist and director of the UNC Center for Women's Health Research, who removed the lesions with a laser and followed up with her several times after the procedure.

Mattie now sees Drs. Thorp and Brewster for her general checkups and still checks in with Carrie a few times a year. She says she's had no pain since her lesions were removed.

Women need to take an active role in their own care, and that includes not brushing aside symptoms large or small. "This was a woman who was in pain a long time," says Dr. Brewster. "So many women can't see or examine their bodies, so changes, redness, suspicious bumps can be missed if not for careful primary care."



Taking Charge

As a woman enters her 40s, preventive examinations remain important. Women should begin to think about mammography for breast cancer detection. Breast cancer is the most common form of cancer in women and the second most common cause of cancer death. Though survival rates have steadily increased in recent decades, early detection and treatment remain critical. How early and how often a woman should be screened for breast cancer is currently a source of discussion in the health care community.

“There’s been a vibrant debate about the appropriate intervals for breast cancer screening,” says Dr. Gwynne.

Dr. Thorp explains that mammography may prevent a small number of deaths from cancer, but at the cost of a lot of false positives for healthy women. “A woman has to understand what’s best for her given her family history,” he says.

Understanding how to compile an accurate family medical history can be an important way for women to take control of their health care. Family history is a risk factor for several health concerns, including breast cancer, heart disease and osteoporosis.

In the postmenopausal years, bone-density tests can identify osteoporosis. Of the 10 million people in the United States affected by the disease, 80 percent are women. Dr. Gwynne says the frequency of the test should be based on an individual patient’s risk.

Throughout the stages of a woman’s life, it is important that she has these conversations with her primary care providers.

“In order to provide all appropriate and recommended preventive care services, we need all hands on deck as a medical community to serve patients and provide these services when and where patients seek care,” says Dr. Gwynne.

Though preventive screenings and regular checkups are important, a woman can be her own best advocate, paying close attention to changes in her body and seeking immediate care for symptoms before they develop into something more serious.

Often, women will brush off minor problems and tell themselves they are fine, says Dr. Brewster. “Women shouldn’t wait until they are very symptomatic because then they require more intervention.” ■



Why Do I Need a Primary Care Physician?

Establishing a relationship with a primary care physician is important for your long-term health. While building a deep knowledge of your health history and needs, this physician also serves as a point of entry to the health care system.

Your primary care physician:

- Makes sure you are up to date on screenings and prevention
- Responds quickly when you are sick
- Works closely with your specialists to manage your care
- Manages most chronic illnesses, such as high blood pressure, diabetes, asthma, heart disease and arthritis

Health Resources

Female-focused programs, services and clinics at UNC Health Care

UNC Comprehensive Cancer Support Program at UNC Hospitals (919) 966-3494

Women's Heart Program

Women may be referred to the UNC Women's Heart Program through a health care provider or self-referral if they're concerned about heart disease risks or wish to learn more about improving their cardiovascular prognosis.
(866) 862-4327

UNC Women's Primary Healthcare

Provides general obstetric and gynecologic services, including full screening and preventive care for women throughout their lives.
Visit www.med.unc.edu and search "UNC Women's Primary Healthcare"

Family Planning Clinic

Offers birth control consultation for all women, including those with complex medical needs.
(984) 974-2131 or (919) 843-5633

Fertility Preservation Program

Options for reproductive-age men or women who are about to begin treatments that may threaten their chances for future child-bearing.
Call (919) 908-0000 or visit www.uncfertility.com/fertility-preservation-at-unc

UNC Center for Women's Mood Disorders

Offers both clinical and research programs to address the needs of women with reproductive mood disorders. The center is also home to a five-bed inpatient unit for women with moderate to severe postpartum depression and perinatal mood disorders. (984) 974-3932; www.med.unc.edu/psych/wmd

Fibroid Care Clinic

Comprehensive medical information and care for the treatment of uterine fibroids.
Visit www.med.unc.edu and search "Fibroid Care Clinic"

Horizons Program

Addiction and substance abuse treatment for women, especially those who are pregnant or have young children.
Call (919) 966-9803 or visit www.med.unc.edu and search "Horizons Program"

Obstetrics Group

Comprehensive childbirth services, including access to UNC Midwives, UNC Women's Primary Healthcare and UNC Maternal-Fetal Medicine.
Call (984) 974-2131 or visit www.med.unc.edu and search "Obstetrics Group"

Women's Options Clinic

Provides reliable, confidential and comprehensive health care for women seeking abortion services, contraceptive services and miscarriage care.
(919) 843-5633

UNC Urogynecology and Reconstructive Pelvic Surgery

A program committed to providing care for women with pelvic floor disorders.
Visit www.med.unc.edu and search "Urogynecology"

Breastfeeding and Lactation Consultants

N.C. Women's Hospital Lactation Services has board-certified lactation consultants on staff seven days a week. Spanish interpreting services are available. (984) 974-8078 or (866) 428-5608

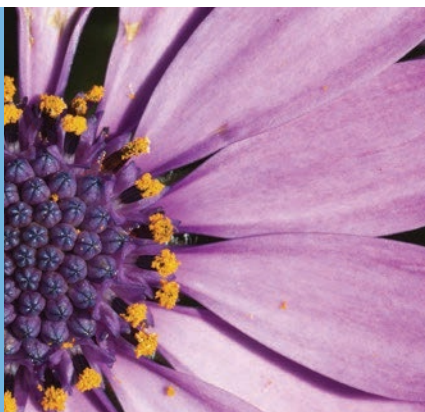


Vulvar Pain Clinic

Specializes in treating women with pain related to the vulvar region.
(919) 595-5929

UNC Center for Maternal & Infant Health

Works to improve the health of North Carolina's women and infants through quality clinical services, patient education and advocacy, professional education, health services research, statewide programs and health policy.
www.mombaby.org





WOMEN: Stay Well

Screenings are important tools for staying healthy, but it can be difficult to know which ones to get and when to get them. This chart includes general guidelines for women. Because family medical history and lifestyle choices affect health significantly, it is important to allow your doctor to determine your individual screening needs.

PHOTO BY THINKSTOCK

SCREENING	AGE 18–39	AGE 40–64	AGE 65 AND OLDER
Mammography Women should contact their primary care provider (PCP) right away if they notice a change in their breasts; they may need a mammogram.	Screening mammograms are not recommended for most women younger than 40. PCPs may recommend screening for women with a family history of breast cancer at an early age or other risk factors.	Women ages 40–49 should have a mammogram every 1–2 years. Women ages 50–75 should have a mammogram every 1–2 years, depending on their risk factors.	Women up to age 75 should have a mammogram every 1–2 years, depending on their risk factors.
Bone Health Of the 10 million Americans diagnosed with osteoporosis, 80 percent are women. The risk of developing osteoporosis increases with age.	Routine bone-density screening in women younger than 40 is not recommended.	All postmenopausal women who suffer a fracture should have a bone-density test (DEXA scan). Women younger than 65 who have additional risk factors, such as family history or a history of thyroid problems, should be screened.	All women older than 64 should have a DEXA scan. How often such tests are needed depends on individual risk factors. Women should consult with their PCP about screenings.
Blood Pressure Women with diabetes, heart disease, kidney problems or certain other conditions should have their blood pressure checked often.	Check every 2 years.	Check every 2 years.	Check every year.
Pelvic Exam and Pap Smear Women who have had a total hysterectomy do not need Pap smears.	Beginning at age 21, recommended every 3 years. Women older than 30 whose Pap smear and human papilloma virus (HPV) tests are normal only need a Pap smear every 5 years. Women who are sexually active should be screened for chlamydia infection through age 25. Women 26 and older should be screened if at high risk.	A Pap smear every 3 years is recommended. Women who have had both a Pap smear and an HPV test can be screened every 5 years. Women who are sexually active and at high risk should be screened for chlamydia infection.	After age 65, most women can stop having Pap smears as long as they have had 3 negative tests within the past 10 years.
Colon Cancer Risk factors such as ulcerative colitis, a personal or family history of colorectal cancer or a history of large colorectal adenomas may require more frequent screenings.	Women younger than 50 should only be screened if they have a strong family history of colon cancer or polyps or if they have had inflammatory bowel disease or polyps.	Women older than 50 should be screened for colorectal cancer. This may involve an annual stool test, a flexible sigmoidoscopy every 5–10 years or a colonoscopy every 10 years.	Until age 75, women should be screened for colorectal cancer regularly.
Cholesterol Women with diabetes, kidney problems or certain other conditions may need to monitor their cholesterol more closely.	Women with a high risk for heart disease should be screened more frequently, as determined by their doctor.	Women older than 44 should be screened every 5 years.	Women older than 65 with normal cholesterol levels should be screened every 3–5 years.
Diabetes Women who are overweight and have other risk factors should talk to their PCP about diabetes screening.	Women with a BMI greater than 25 and other risk factors for diabetes should be screened at any age.	Women older than 44 should be screened every 3 years.	Women in good health should be screened every 3 years.

Source: MedlinePlus, a service of the U.S. National Library of Medicine, administered by the National Institutes of Health

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